## TOWN OF VIENNA, VIRGINIA REGISTRATION FOR MEALS & TRANSIENT LODGING TAX

Virginia Code Sec. 58.1-3833 Virginia Code Sec. 58.1-3840

Chapter 6, Article 4, Sec. 6.32 - 6.47 Chapter 6, Article 5, Sec. 6.48 - 6.59

	Separate Registration Form Required for each Location	Virginia Sales Tax Registri Number:	ation	
1.	. Business/Trade Name:	Federal ID/SSN:		
2.	Corporate/Lmtd Partnership/LLC Name Registered with the State Corporation Commission:			
3.	3. Owner or Corporate/Partnership Officer:	wner or Corporate/Partnership Officer:		
	Printed Name	Date of Birth:		
	Ba. Type of Ownership: ( ) Individual ( ) Lmtd Partnership ( ) Gnrl Partnership ( ) Corporation ( ) LLC			
	3b. If Partnership, Corporation or LLC, Two Officials signature	b. If Partnership, Corporation or LLC, Two Officials signatures are required below.		
	(i) Printed Name	Date of Birth:		
	Signature:	Title		
	(ii) Printed Name	Date of Birth:		
	Signature:	Title		
4.	. Location:	Telephone No.:		
5.	Classification (please check category):			
	( ) Hotel/Motel ( ) Delicatessen ( ( ) Restaurant ( ) Caterer (		e e	
	( ) Carry-out ( ) Lunch Counter (			
6.	Mailing Address (if different from location):			
	Acknowledgment of Liability. I hereby certify I am the Owner/Partner/Corporate Officer or person designated to collect the Meals and/or Transient Lodging Tax for the business identified above. Pursuant to Virginia Code §58.1-3833, all food and beverage tax collections and all meals tax collections shall be deemed to be held in trust for the county, city or town imposing the applicable tax. The wrongful and fraudulent use of such collections other than remittance of the same as provided by laws shall constitute embezzlement pursuant to Virginia Code §18.2-111.			
I specifically acknowledge and understand that the failure to file a Meals and/or Trans Meals and/or Lodging Taxes as required under the Code of Virginia and the Code of the embezzlement (a felony if greater than \$200.00), a criminal misdemeanor under the T			own of Vienna may constitute	
Prir	rinted NameDa	ite of Birth:	(month/day/year)	
Sigr	ignature:Ti	tle	Date:	